Parking Services Office Parking Permit Application



Last Name:																
First Name:																
Driver's License:													Ī			
Home Address:																
City, State, Zip:																
Day Phone:																
Employer:																
Employer Address:																
City, State, Zip:																
E-Mail Address:																
Vehicle Make:								Р	late	No	.: [
City of Lansing or S If yes, dept or div: Union affiliation:	state of	Mich	iga	n E	mp	loye	ee:		⁄es		No					
Office Use: RP#: Location: Clerk: Date: Date:																
Recurring:	☐ Cre	dit C	ard					epo				t:	\$ \$			
Card#:							_	itial otal			je:		э \$			